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INDICATION FORM**

| | |
|------------------------|-----------------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Mayer et al. |
| Title | INSTRUMENT AND METHOD FOR DETECTI |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | MCN226USPT02 |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number: 23403

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 Practitioner(s) named below:

| Name | Registration Number |
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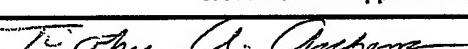
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I am the:

 Applicant/Inventor.

 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|---------|
| Signature |  | Date | 7/28/06 |
| Name | Timothy A. Ascheman | Telephone | |
| Title and Company | | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of 2 forms are submitted.

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